

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 12 / 22 / 2015	

Full Name of Payee Norway Hill Associates, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 21 / 2015	
Mailing Address 30 Norway Hill Road		Amount 115401.75	
City Hancock	State NH	Zip Code 03449	Transaction ID : SE.6410
Purpose of Expenditure direct voter contact	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015	
Name of Federal Candidate Kelly A. Ayotte		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee Norway Hill Associates, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 21 / 2015	
Mailing Address 30 Norway Hill Road		Amount 38467.25	
City Hancock	State NH	Zip Code 03449	Transaction ID : SE.6412
Purpose of Expenditure direct voter contact	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015	
Name of Federal Candidate Margaret Wood Hassan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	153869.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	153869.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY
12 / 29 / 2015

Signature